

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|-------------|--------|
| FEE DETERMINATION | SB | 20053831-00 | |
| O.I.P.E. CLASSIFIER | | 49 | 6/7/55 |
| FORMALITY REVIEW | JB | 11698 | 6/12 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 1 | 1 | ✓ | 2-14-63 |
| 2 | 2 | ✓ | 1-30-62 |
| 3 | 3 | ✓ | 1-24-64 |
| 4 | 4 | ✓ | = |
| 5 | 5 | ✓ | = |
| 6 | 6 | ✓ | = |
| 7 | 7 | ✓ | = |
| 8 | 8 | ✓ | = |
| 9 | 9 | ✓ | = |
| 10 | 10 | ✓ | = |
| 11 | 11 | ✓ | = |
| 12 | 12 | ✓ | = |
| 13 | 13 | ✓ | = |
| 14 | 14 | ✓ | = |
| 15 | 15 | ✓ | = |
| 16 | 16 | ✓ | = |
| 17 | 17 | ✓ | = |
| 18 | 18 | ✓ | = |
| 19 | 19 | ✓ | = |
| 20 | 20 | ✓ | = |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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